



**DEPARTMENT OF VETERANS AFFAIRS
VA Medical Center
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PSYCHOLOGY INTERNSHIP PROGRAM

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Pre-Doctoral Psychology Internship

Welcome to the Orlando VA Medical Center (OVAMC) Pre-Doctoral Psychology Internship Training Program. The structure of the OVAMC Psychology Internship Training Program follows an integrated practice format as defined by American Psychological Association (APA's) Policy Statements and Implementing Regulations. During the 2016 - 2017 training year, the Training Program anticipates it will provide training for 6 full-time psychology interns. We are pleased to welcome you to our Medical Center and look forward to your application for admission. No Internship positions are pre-allocated to any specific university program.

Accreditation Status: The Orlando VA Predoctoral Psychology Internship Program is a member of APPIC. The program is currently accredited on contingency by the Commission on Accreditation of the American Psychological Association (APA). Interns completing this internship will have an accredited internship and also will be eligible for consideration for employment in postdoctoral training positions and staff psychology positions within the

Veterans Affairs hospitals and clinics, under an exception granted by the VA to newly created VA internships (Public Law 96-151 codified in Title 38).

The Orlando VA Pre-Doctoral Psychology Internship Program admitted the inaugural group of four interns in August 2012. The program participates in the APPIC Match, and abides by all APPIC and APA guidelines and requirements regarding internship application and selection procedures. We are offering four internship positions in the 40 hour per week year-long program (2080 hours), with a stipend of \$23,974. Individuals energized by being in at the start of a new venture will likely find this experience particularly rewarding.

Overview of Pre-Doctoral Psychology Internship Program

The goal of the Psychology Internship Training Program is to prepare prospective interns to meet the necessary competencies required for entry into the increasingly diverse and complex roles of Clinical or Counseling Psychologists. Our training program adheres to a scholar-practitioner model and the training of entry-level psychologists is regarded as a responsibility to be taken solemnly. The staff responsible for the continued maintenance of the Training Program is dedicated to these endeavors and invests significant time and energy in all facets to meet our stated goals and our students' developmental training needs.

The didactic and clinical experiences of this program are designed to facilitate the development of students in three separate, but complimentary areas. This includes the student's professional attitudes towards the field of psychology, their professional competencies needed to ensure ethical and comprehensive delivery of service, and their personal resources essential to the provision of high quality patient care which is diverse in skill set and utilizes contemporary psychological services. We see our role as "trainers" as being built on the foundation of ethical, supportive, and competent mentorship. As mentors, the staff seeks to demonstrate and encourage the intern's participation in all professional roles related to role of a "psychologist." This means that as a staff, we pay particular attention to the student's development as a clinician, but also to their development progression towards being a consultant, team member, supervisor, evaluator, researcher and crisis intervener.

Our approach to the professional growth and development of interns can be described as "multi-layered." Central to our training approach is the value of consistent supervision throughout the training year. We supplement this supervision with varied clinical responsibilities that expose the interns to diverse patient populations to enhance their expertise across a wide variety of psychological symptomology. Additionally, interns are provided continued didactic training and opportunities for teaching, supervision, and/or administrative/management involvement.

At a minimum, we expect and have set benchmarks for interns to achieve foundational competencies in seven areas. These competencies are: (a) assessment/diagnostics; (b) individual and group interventions, including psychotherapy; (c) consultation and treatment planning; (d) professionalism and ethical/legal standards and policy; (e) sensitivity to individual differences and cultural diversity; (f) supervision; and (g) scientific knowledge and methods.

Graduate Achievements/Placements: Of particular interest to applicants is the successful transition of our graduating Interns in professional positions. Former Interns have received postdoctoral positions within VA settings, neuropsychological, and other institutional settings across the country. Though we are a relatively new internship program, our former interns were highly competitive in their job search process and were very successful in obtaining entry level positions and fellowships within their given career-related interests.

Professional Employment in the VA: One of the goals of professional training in the VA is to establish a pool of well-trained, competent psychologists for potential employment in the VA. As a VA Intern, you are able to access VA vacancy listings and initiate employment inquiries both locally and nationally. We encourage active exploration of VA employment opportunities and assist our Interns with formal and informal networking activities.

Program Structure

The Orlando Veterans Affairs Medical Center (OVAMC) Psychology Internship Training Program follows a developmental model within a scholar-practitioner framework. The emphasis is to produce competent entry-level professionals prepared to enter the workforce or proceed with postdoctoral training upon completion of the internship year. At the end of the internship year, interns will be particularly suited for working with Veterans and prepared for entry into the current health care environment, with training and experience in interdisciplinary approaches to patient management.

The internship year is divided into three (3) rotations of four (4) months each. Interns are expected to achieve foundational competencies in the area of clinical assessment, group and individual psychotherapy, consultation and treatment planning, professionalism and ethical/legal standards and policy, sensitivity to individual differences and cultural diversity, supervision and scientific knowledge and methods. Approximately eight hours per week are spent in a variety of didactic training and research activities. With the Training Committee's approval, interns select three rotations offered to meet their individual interests and training needs. Interns may select the same rotation twice (area of emphasis) provided successful previous completion and no conflict with any other intern's first opportunity to be on that rotation. Repetition of any rotation or experiential didactic may be required by the Training Committee if training goals and competency levels are not achieved satisfactorily. Rotations are currently available in the areas: Post Deployment Clinic, Specialty Mental Health Clinic, Traumatic Stress/Military Sexual Trauma Recovery, Community Based Outpatient Clinic –

Clermont (CBOC), Psychosocial Rehabilitation and Recovery Center (PRRC), and the Domiciliary Residential Rehabilitation Treatment Program. The sequence and selection of rotations presumes the consent of the selected supervisors, and the Training Committee, as well as satisfactory progress toward training goals. In the absence of an identified area requiring remediation, no single rotation is mandatory.

At the beginning of the training program, Interns will participate in 2 week of initial orientation programs, trainings and activities. Broadly, this orientation can be grouped into one week for a hospital wide orientation for new employees and another to orient interns to the training program itself. During this time hospital-wide orientation, interns will participate in mandatory Basic Life Saving (BLS) training for Healthcare Providers and become certified in BLS by the American Heart Association, if not already certified. They also will receive advanced training in computer medical records system, procedures, and policies of the hospital. After the hospital-wide orientation, interns will receive and review a copy of the Internship handbook. This manual contains the detailed requirements for successful completion of the Internship, periodic evaluations, and due process and grievance procedures. Interns are also provided with a wide copies and/or links to a variety of medical center information on local policies and procedures, privacy laws, and safety/security requirements. Specific to the Training Program, interns will complete comprehensive baseline evaluation exercises to assist in defining goals, establishing training needs and informing the structure and content of didactics. Follow-up exercises completed toward the end of internship to allow for programmatic evaluation and continue to inform didactic topics.

Training Committee: The Orlando Psychology Training Committee consists of the Director of Training, the Chief of Psychology, rotation supervisors and didactic/seminar coordinators, internship mentors (i.e., staff psychologists), didactic presenters, and an Intern representative. The Training Committee is responsible for: 1) professional aspects of the Internship Training Program; 2) implementation of training policies; and 3) development of educational and training experiences. The Training Committee is specifically responsible for monitoring Intern progress, approval of alternative training plans, evaluation of the training program, and critical issues of VA-university cooperation.

Stipend: The current stipend for full-time VA Interns is \$23,974.00. It is paid biweekly throughout the annual appointment period. Currently, this stipend is subject to Federal Income Tax withholding. Recent changes have now mandated that Interns be classified as full-time employees, making them eligible for health insurance and life insurance benefits. Interns are not eligible for participation in the VA retirement programs. Questions concerning payment of the stipend or related topics about benefits may be directed to the Training Director.

Appointment Details: The Internship is a full-time, one-year appointment to be completed from July 26th through July 25th of the 2016-2017 Internship year. Under the federal sick leave/annual leave program, Interns accrue 4 hours of paid sick leave and 4 hours of paid annual leave (vacation) every 2-week pay period. This equates to approximately 13 days of sick

leave and 13 days of annual leave over the course of the Internship year. With the approval of the current rotation supervisor and the Training Director, each intern will be allocated up to five (5) days of authorized absence (AA) for professional development activities (e.g. conferences, presentations, interviews, meetings w/their dissertation advisor/graduate school faculty, etc.) The Training Committee and Training Director has the right to deny AA if it is likely to have a negative effect on the course of training. In addition, there are 10 Federal Holidays. Leave time may not be used as an extended block during any one rotation. Instances in which the one-year period needs to be extended because of illness or other extenuating circumstances will be addressed individually by the Training Committee. Any approved extension of the one-year training period would occur without funding.

Rotation Descriptions:

The caseloads and the types of clinical services for each intern are monitored by the Training Director. The number of hours spent in direct patient contact performing clinical activities varies across rotations and experience levels.

1. **Specialty Mental Health Clinic/ BHIP—Lake Nona AND Lake Baldwin Campuses**

There are **two separate rotations** available in the Specialty Mental Health Clinic. The ***Specialty Mental Health Clinic*** provides interns the opportunity to work on a multidisciplinary team consisting of psychologists, psychiatrists, social workers, psychiatric nurse practitioners, registered nurses and hospital administrative staff treating male and female veterans from a variety of cultural backgrounds and from a range of military cohorts. These teams provides comprehensive, evidence-based mental health services for the spectrum of psychological disorders presented by this unique population and (when applicable) their significant others.

Interns on this rotation will participate as a mental health professional integrated into Behavioral Health Interdisciplinary Program (BHIP) team providing outpatient care to male and female veterans referred to this level of care by other professionals in the medical center. Interns will gain and improve skills in biopsychosocial interviewing, psychological assessment, case conceptualization, diagnosis and treatment planning, and referral to appropriate alternative treatments for these veterans. Experiences will include training in and exposure to individual and group psychotherapies, allowing interns to receive direct and indirect clinical work, along with review of applicable literature. Intern responsibilities during this rotation include maintaining an ongoing caseload of Veterans receiving individual psychotherapy, conducting diagnostic psychological testing as needed, and co-facilitating group therapy.

Interns at the LB Campus will receive more focused work in Military Sexual Trauma (MST) which presents interns with the opportunity to expand knowledge of the impact of sexual trauma in general, but particularly the specific implications of Military Sexual Trauma on female veterans.

Interns at the LN campus will see lesser focus in MST, and will have more focus general mental health issues. That said, interns will be given the opportunity to develop expertise by co-facilitating Cognitive Processing Therapy treatment groups, and participating in Prolonged Exposure individual therapy. Interns at LN will also have the opportunity to participate in a variety of groups (e.g., Seeking Safety, PTSD Orientation, SUD relapse prevention and Early Steps, etc.), as well as involvement in providing parenting didactics to veterans if interested. Additionally, interns will be involved in case and administrative consultation through attendance in weekly BHIP treatment team meetings.

While, case conceptualization may incorporate a variety of psychotherapeutic theories, application of the appropriate Evidence-Based Psychotherapies will remain a priority in providing clinical care, including but not limited to: Cognitive Behavioral Therapy for Depression/Anxiety, Cognitive Processing Therapy, Prolonged Exposure, CBT-Insomnia and CBT-Chronic Pain. While interns may work with veterans who present with a wide variety of psychological disorders, specific emphasis will be placed on treatment for Veterans who exhibit the hallmark disturbances found in response to psychological trauma (i.e. combat, sexual assault, POW captivity, natural and industrial disasters, etc.).

2. Behavioral Health Chronic Pain Management Rotation - Lake Nona and Lake Baldwin Campuses

There are **two separate rotations** available in Behavioral Health Chronic Pain Management. The ***Behavioral Health Chronic Pain Management*** rotation will provide interns an opportunity to learn about the biopsychosocial model of chronic pain through the assessment and treatment of veterans with a variety of medical diagnoses (e.g., degenerative spine conditions, myofascial pain, neuropathies, osteoarthritis, headache, fibromyalgia, etc.) and comorbid mental health diagnoses (e.g., depression, PTSD, substance use). Interns will obtain an introduction to the various theories of chronic pain, medical treatments (e.g., opioid and non-opioid medications, trigger point injections, surgical interventions), rehabilitation (e.g., role of physical therapy and occupational therapy) and complementary and alternative medicine (e.g., acupuncture, chiropractor, massage). Interns will also identify a disorder or area of interest in pain management, research relevant and empirically supported bio- behavioral/psychosocial interventions, and present informally on the topic within the Service.

Interns on this rotation will work within an interdisciplinary team consisting of the Pain Program Director, Pain Medicine Physician, Clinical Pain Pharmacists, Social Work Services, Pain Management Psychologists, and other members of the Pain Program/Chronic Pain Services. They will attend weekly interdisciplinary team meetings, case conferences, and provide consultation services.

Interns at Lake Nona will conduct comprehensive behavioral health assessments, as well as provide outpatient individual and group therapies (e.g., Cognitive Behavioral Therapy for Pain Group, Art Making for Chronic Pain Management Group, and Mindfulness for Pain

Management Group). Additional opportunities may include training in biofeedback and shadowing clinical pharmacists and/or pain physician.

3. Community Based Outpatient Clinic – Clermont (CBOC)

The **Clermont CBOC** rotation provides training opportunities focusing on the provision of clinical services in a community-based outpatient clinic (CBOC). The rotation allows for providing evaluation and psychotherapy to a previously under-served population of veterans living in outlying or rural areas of the community, with an outpatient population of individuals with PTSD and other stress-related disorders. Trainees will gain exposure to working with a wide array of index traumas, to include civilian, sexual, and combat-related. Associated features such as moral injury and complicated grief will also be emphasized. This rotation is housed within the general mental health outpatient clinic; as such, trainees will have the potential to work with veterans from myriad demographic backgrounds, including conflict era, age, ethnicity, and gender.

The veteran population served on the Clermont CBOC rotation includes male and female veterans of a wide age range. A large portion of patients seen in the clinic are veterans of the Vietnam War, but patients also include veterans of World War II, the Korean War, Operation Desert Storm, OIF/OEF and other conflicts or peacetime service. There are a number of treatment needs represented in this population, particularly pertaining to combat PTSD, health psychology, depression, anxiety, anger, personality disorder, and adjustment disorders. Interns on the rotation have a unique opportunity to see how a CBOC functions within the larger VA facility and how such clinics interact with and are integrated within a range of services throughout the medical center.

Within this setting, interns are afforded an opportunity to engage a variety of veterans in short- and/or longer-term individual psychotherapy. Interns will also conduct comprehensive diagnostic and intake evaluation and follow-up psychotherapy with individual patients. Exposure to Evidence Based Psychotherapies including Cognitive Processing Therapy for PTSD (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), and Cognitive-Behavioral Therapy for Depression will be available. Overall, this rotation is a flexible combination of clinical services and training. Exposure to couples/marriage therapy may also be afforded. Participation in consultation with the local Vet Center is also an available option.

4. Psychosocial Rehabilitation and Recovery Center (PRRC)

The **PRRC** rotation provides interns the opportunity to provide rehabilitation and recovery-oriented services for veterans in a variety of intensive transitional treatment settings whose services are designed to provide care at a level higher than standard outpatient mental health. Veterans in these populations typically present with various mental/emotional disorders (e.g., psychosis, schizoaffective disorder, major affective disorder or severe PTSD), substance use disorders, and psychosocial deficits (e.g., homelessness).

As part of this rotation, the intern will participate on a multidisciplinary team to support Veteran recovery and community integration by providing mental health services in an outpatient transitional learning and/or residential setting. PRRC programming is curriculum-based and is specifically designed to teach the requisite skills that are necessary for defining and realizing Veteran's self-chosen goals in all life domains. Specifically, interns will participate in PRRC admission screenings, initial psychosocial assessments, group co-facilitation, wellness programming, community outings, and individual therapy sessions.

Interns will gain experience with the recovery model of treatment, provision of services to those in milieu treatment settings, and multidisciplinary team collaboration supporting Veteran achievement of self-determined goals. Training activities afford interns to learn through concrete experience, reflective observation, active experimentation, and establishment of collegial relationships with professional staff where training is viewed as relational, culturally-sensitive, and reciprocal.

5. Kissimmee CBOC/Telemental Health Clinic (KIS/TMH)

The Kissimmee CBOC/**Telemental Health Clinic (KIS/TMH)** provides interns the opportunity to work in an outpatient clinic setting for Veterans with a wide range of mental health conditions. The rotation will offer the opportunity to see patients in dual modalities. Interns' caseload will consist of patients being seen in traditional face to face format while at Kissimmee, as well as, patients that are will be seen exclusively in TMH format as part of the TMH clinic. The KIS rotation provides training opportunities focusing on the provision of clinical services in a community-based outpatient clinic (CBOC) similar to Clermont. As such, trainees will gain exposure to working with a wide array of treatment needs: PTSD, MST, depression, anxiety, anger, personality disorder, and adjustment disorders.

The TMH component of the rotation is the unique subcomponent and interns will have the opportunity to provide care for Veterans via Telemental Health. Telemental Health is primarily a Clinical Video Telehealth (CVT) technology where encounters take place synchronously.

Interns on this rotation participate as a mental health professional integrated into a multidisciplinary team, coordinating care among primary care providers, psychiatrists, social workers, psychiatric nurse practitioners, marriage and family therapists, and at times, other medical specialists. These teams provides comprehensive, evidence-based mental health services for the spectrum of psychological disorders presented by a unique population of male and female veterans from a variety of cultural backgrounds and from a range of military cohorts. Interns will gain and improve skills in bio-psychosocial interviewing, case conceptualization, diagnosis and treatment, or referral to appropriate alternative treatments for these veterans. Interns will maintain an ongoing caseload of individual psychotherapy patients as well as co-facilitate group therapy (e.g., Seeking Safety, Cognitive Processing Therapy, Coping with Medical Illness, Pain Management). In addition to direct patient care, the nature of the KIS/TMH rotation is such that the Intern will learn critical time-management and

administrative skills necessary to ensure the smooth flow of patient care, such as careful selection of screening measures that may need to be administered; the exchange of paperwork/assignments throughout the course of a standard EBP protocol; and perhaps most importantly, communication with and delegation of tasks to support staff, primarily the Telehealth Clinical Technician.

6. Primary Care Mental Health Integration (PCMHI)

Primary Care-Mental Health Integration (PCMHI) is the term VA uses to describe a set of mental and behavioral health care services that are provided to Veterans in collaboration with primary care providers. These services are fully integrated into the primary care setting (PACT), and support PACT-based treatment of both mental health conditions and behavioral aspects of chronic medical conditions. PC-MHI providers are members of the PACT interdisciplinary team, where they collaborate on assessment, support or provide primary care-based treatment and brief therapy, and conduct follow-up over time.

The ***Primary Care Mental Health Integration (PCMHI)*** rotation includes opportunities to be a mental health professional integrated into a Primary Care setting. The multidisciplinary PCMHI team composed of psychologists, nurses and a psychiatrist, are imbedded within the medical center's Primary Care teams, encouraging multidisciplinary collaboration. An intern on this rotation will work alongside primary care providers regarding the psychological needs of Veterans by providing brief functional assessments and brief treatment for Veterans. Interns will receive consultation requests, complete initial intakes, provide feedback and consultation to other team members, and maintain an ongoing caseload of short-term outpatient psychotherapy/health psychology patients.

An intern can expect to assess and treat Veterans with psychological issues (e.g., anxiety, depression, chronic pain, PTSD) and work with patients who may need to work through barriers to transition to Specialty Care. Interns may also work with Veterans who have psychological issues that may exacerbate medical conditions, as well as to help patients with the psychological sequelae of medical problems such as hypertension, hepatitis C, cancer, diabetes, coronary artery disease, chronic obstructive pulmonary disease, etc. Educational opportunities include assigned readings, attendance of National PCMHI training calls, and organizational meetings with in-service presentations. Brief models of therapy will be learned as well as Motivational Interviewing. Opportunity for time-limited groups for anger management, stress reduction, CBT-Insomnia will also be available.

7. Substance Use Disorder (SUD)/Intensive Outpatient Treatment

The ***Substance Use Disorder (SUD)/Intensive Outpatient Treatment*** rotation provides training opportunities for the intern to work in an outpatient and intensive outpatient SUD clinic setting for Veterans with substance use disorders. Training opportunities provided are in SUD assessment, individual and group therapy, and treatment for co-occurring disorders.

The intern will receive exposure to and training in many of the gold-standard evidence-based treatments for SUD (e.g., Cognitive Behavioral Coping Skills Training, Motivational Enhancement Therapy, Motivational Interviewing, Transtheoretical Model/Stages of Change, 12-step Facilitation, and Contingency Management). Interns will also have opportunities to receive exposure to other evidence-based treatments for co-occurring disorders such as, Dialectical Behavior Therapy, Mindfulness-based or Cognitive Behavioral Relapse Prevention Therapy.

Additionally, interns will have the opportunity to deliver group and individual treatments and will work as part of an interprofessional treatment team with input to clinical decision making. The interdisciplinary team includes clinical psychologists, licensed clinical social worker, licensed mental health counselor, addictions counselor, clinical pharmacist, and a psychiatrist.

8. PolyTrauma TBI/Neuropsychology (Neuro) – Rotations 2 and 3 only

The ***Polytrauma TBI Neuropsychology Rotation*** will provide the intern an opportunity to develop skills related to assessment, intervention and case management of Veterans within the specialized Polytrauma TBI program who are also referred for neuropsychology services. Within the Polytrauma System of Care, the Orlando VA operates as a Polytrauma Support Clinic Team (PSCT), providing services and coordinating components of post-acute rehabilitation care. Veterans seen in this service may include those with mild to moderate TBI in the context of other potentially disabling conditions such as traumatic amputations, open wounds, musculoskeletal injuries, burns, pain, auditory and visual impairments, PTSD, and other mental health problems.

Opportunities available to the intern on this rotation will include participation in weekly interdisciplinary team meetings, neuropsychological assessment and individual and/or group treatment. Interns will also be expected to participate in monthly Neuropsychology department staff meetings.

Neuropsychological assessment will typically follow a modified “flexible battery” approach to assessment. Interns will review pertinent medical information, conduct a neuropsychological clinical interview, administer and score commonly used neuropsychological tests, interpret test results and integrate findings into a comprehensive evaluation report, develop useful recommendations, and provide feedback to patients, families and the treatment team. Specific treatment programming is currently underway, but interns will have an opportunity to provide treatment for cognitive and psychological sequelae of TBI. Interns will be directed to relevant readings to enhance the learning experience. It is expected that the intern will have prerequisite skills in administration, scoring and basic interpretation of commonly used intellectual and personality assessment instruments prior to starting the rotation (e.g., WAIS-IV, MMPI-2/PAI, WRAT).

9. Assessment Clinic (Specialty Mental Health Teams/Clermont and Kissimmee CBOCs, Mondays; 8:00-4:00)

The Assessment Clinic will serve as a central hub for many of the Specialty Mental Health Teams and CBOCs (limited to Kissimmee and Clermont) psychological testing referrals. Providers within the Specialty Teams (i.e., psychiatrists, social workers, nurse practitioners, and other psychologists) routinely refer patients for cognitive and psychological testing. Instruments would typically include structured clinical interview format (e.g., SCID), a cognitive test (e.g., WAIS-IV, WASI, WMS), and/or a personality test (MMPI, PAI). These instruments make up the core battery and interns will complete a minimum of **4 batteries per year** (a SCID, cognitive test, AND personality test constitutes 1 battery). If clinically indicated, interns could also do other inventories (CAPS, SUD measures, achievement tests), but this would be in consult with an assessment supervisor and at the supervisor's discretion combined with the nature of the referral. Thus, interns cannot substitute anything from the core battery to "count", but they may add things to clarify referral questions. Cases used for mid and end-year case presentations are expected to come from the Assessment Clinic, though it is permitted for interns to use a case that comes from the intern's primary rotation.

Supervision

All clinical activities of interns are supervised by the Clinical supervisor to whom the intern is assigned. As a minimum requirement, each intern will participate in three (3) hours of face-to-face supervision per week. Typically, two hours are regularly scheduled individual supervision with their primary clinical supervisor and one hour is regularly scheduled group supervision with the Training Director. Interns will also receive one hour of group supervision by the Supervision Supervisor bi-monthly and one hour of additional supervision by the Assessment Supervisor monthly. All clinical activities of Interns are supervised by licensed Psychologists. Additionally, there is weekly peer supervision.

The supervisors of each Intern will complete written evaluations at the mid-point and completion of each rotation to assess progress towards competence. Interns will evaluate the rotation and supervisor at the same points in time. In addition to ongoing feedback, formal written evaluations are forwarded by the Training Director to the Intern's University Director of Training at the midpoint and conclusion of the Internship, as required by the trainee's graduate program.

Didactic Instruction / Training Seminars / Presentations:

Didactic instruction is seen by the program as essential in enhancing the intern's clinical training experience. Our didactic series are intended to supplement and enrich the development of specific clinical skills learned with the rotations. Additionally, we believe that these trainings foster increased understanding of pertinent professional and clinical issues. As a result, we

place considerable emphasis on providing a variety of learning opportunities through this methodology of training.

The General Intern Didactic Seminar/Journal Club is a combined seminar which is composed of a weekly didactic training and a related journal article discussion. The combined seminar is held on Tuesdays (10:00-12:30). Each aspect of the combined seminar will be briefly discussed:

The ***General Intern Didactic (Tuesdays; 10:00-11:30)*** focuses on relevant topics selected to address specific cohort competencies and interests, as well as the multiple roles of the contemporary psychologist. We consider a variety of factors in developing our didactic curriculum including, but not limited to: developmental level, identified needs and interests via the baseline gap analysis, trainee interest, and current political and/or clinical shifts in the larger professional climate (e.g., advent and increased focus on empirically based treatments to Veterans). Special focus is placed on issues related to diverse populations and multicultural factors, including cultural variables not typically considered (e.g., military culture) and these trainings are held roughly once a month. Various teaching methods are employed including didactic instruction, live demonstrations, videotapes, discussions, and assigned readings. In addition to any materials/references provided by the didactic presenters, we have developed a "Reference List" (see attached), which you may find helpful in enhancing your knowledge base. Depending on the availability of resources and scheduling flexibility, interns will be invited to participate in sessions directly related to the topic of the didactic in order to provide an experiential exposure to some of the concepts presented during the didactic. This is not a requirement. It is offered in order to provide an experiential exposure to some of the concepts presented during the didactic.

Seminars during the internship year have included the following topics:

Military Culture	Insomnia and Sleep Management
Diversity in the VA	Overview of Sexual Trauma
Suicidal Ideation and Crisis Intervention	Seeking Safety
Brief Interventions & Interdisciplinary Practice	Health Psychology/Behavioral Medicine
Professional Ethics	Pain Psychology
Treatment of Panic Disorder	mTBI and PTSD: Implications for Treatment
Introduction to Evidence Based Psychotherapies	Cognitive Rehabilitation
IPT for Depression	Dementia Overview
Acceptance & Commitment Therapy	Geriatric Populations
Next Steps: Postdocs and Job Search	Disability: Adults with History of Developmental Disorders
Psychopharm Interventions	Licensure/EPPP

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Self-Care: Work/Life Balance	Couples Therapy
Substance Abuse Treatment with Veterans	Diversity: Religious and Spiritual Factors in Treatment
Anger Management	Medically Unexplained Illness
Diversity: LGBT Issues	Professional Boundaries
Marriage & Family Therapy	Culturally Informed EBP
Subthreshold PTSD	MH Advocacy and Outreach
Cognitive Processing Therapy	Psychosocial Programs - SMI
Prolonged Exposure Therapy	Research in the VA Setting

Topics related to professional and ethical development and diversity issues will receive particular emphasis during this time.

The ***Research-Journal Club (Tuesdays, 11:30-12:30)*** acts as a supplementary component to the General Didactic and immediately follows the General Intern Didactic Seminar in the weekly schedule. The Research-Journal Club is an informal weekly gathering of interns, practica students and professional staff to critically evaluate recent articles in the scientific literature. With regard to format, interns rotate throughout the year in selecting an article of interest related to the didactic that is scheduled for that week. Interns work with the presenter for that week to select an article that is seminal to the didactic topic and lead a critical discussion. The format of the Research Journal Club is briefly highlighted below: The first week, interns will be provided with instruction on how to search for and access peer reviewed journal articles through the Orlando VAMC On-line Library Services (e.g. Ebsco databases: MEDLINE, CINAHL, PSYCHINFO). They will also be given a tour of the on campus library facilities. Once trainees demonstrate competency using the online resources during orientation, they meet with the Training Director who explains the purpose of the General Didactics/Research Journal Club and the didactic schedule for the year. Interns are provided with a copy of didactic schedule which includes presenters and didactic objectives.

For the rest of the academic year, interns will rotate each week in leading the Journal Club. This task involves selecting an article of interest and providing an electronic pdf or hard copy to fellow participants (including psychology staff) for review prior to the next journal club meeting. To do this, the intern is responsible for contacting the presenter of the didactic for a list of references related to didactic topic prior to the date of the didactic. The intern is expected to review all references given and to select a pertinent article to the didactic topic. On the date of the didactic presentation, the intern will then lead the discussion related to didactic on the article chosen. This discussion should include, but is not limited to: evaluation of research methodology/design and analysis employed by investigators, implications and limitations thereof, multicultural and ethnic issues related to methodology and clinical application of findings, ecological validity, reliability of findings and considerations for treatment with identified populations.

a. Didactic-Experiential Objectives:

- 1) Ability to critically evaluate peer reviewed scientific literature in terms of the appropriateness of the research design, the statistics employed, and the appropriateness of the controls that were used.
- 2) Familiarity of up to date advanced scholarly literature in the field of psychology. Interns will increase awareness and ability to critically evaluate and understand implications of recent, peer reviewed findings related to evidence based psychotherapeutic treatments and other topics related to the field of psychology.
- 3) Proficiency in ability to select recent, relevant and well established peer reviewed journal articles and to develop professional leadership skills involving ability to lead a group discussion that maintains a doctoral level discussion and scholarly interest.
- 4) Ability to discuss the applicability of new therapeutic interventions with proven efficacy in research studies to alternative populations, including veterans and other special populations.

b. Evaluation:

A designated professional staff member (rotating on a weekly basis) will join group as both an active discussion participant and to provide supervisory guidance on meeting didactic objectives and inclusion of appropriate journal articles. Often this staff member will be the presenter of the didactic training, but could be any member of the Training Committee in attendance to the Journal Club that week. Evaluation forms are regularly reviewed by the Training Director.

2. Case Presentations:

As interns' skills crystallize with regard to clinical interviews, assessment techniques and treatment considerations throughout the training year, they will be required to present two presentations to the Training Committee and to their fellow interns. These presentations will be graded in their requirements and measure the intern's ability to gather pertinent information related to their case formulation. Additionally, they measure the intern's ability to present relevant clinical data in a coherent and concise manner. The purpose of and timing of each presentation during the training year is as follows:

The first presentation is to be completed mid-year and the second is to be completed towards the end of the third rotation/training year. The case presentations are to include formal assessment, which may include personality testing, structured clinical interviews, cognitive/achievement testing, and/or neuropsychological assessment. The comprehensive

presentations consists of a review of patient demographics, psychosocial and psychological history, presenting concerns, test data and interpretation, integrative case conceptualization, discussion of diagnostic considerations and differential diagnoses, and a summary of the treatment considerations and progress in treatment thus far, if applicable.

For the first presentation, interns may choose to focus on either cognitive (e.g. WAIS, WMS, WASI) or personality assessment (e.g. MMPI-2, PAI, RIB) batteries. For the second and end year presentation, interns must incorporate both sets of data. Interns will also be expected to incorporate considerations related to diversity/culture and ethics into their discussion, and should be able to discuss the theoretical orientation used for conceptualization as well as literature used to inform treatment decisions. Comprehensive case presentations are designed to be interactive in nature; thus, interns should be prepared to respond to questions from the audience and defend their conceptualization and approach as necessary. Of note, though not explicitly mandated, case presentations are typically presented using PowerPoint and copies of all relevant data from batteries administered.

a. Didactic-Experiential Objectives:

- 1) To develop a theoretical and practical understanding of the purpose of a Clinical/Psychiatric Interview, assessment techniques, and treatment considerations when developing case formulation through a series of structured didactics.
- 2) To develop mental status examination skills within an experiential interdisciplinary mental health setting.
- 3) To develop the rapid assessment ability: to gather relevant, clinical information through clinical interview and assessment interpretation.
- 4) To develop complex differential diagnostic skills, lethality assessment skills, and increased sensitivity and awareness of ethnic, cultural and individual differences impacting case.
- 5) To develop the ability to succinctly present a clinical case within an interdisciplinary team framework.

b. Evaluation:

Training Committee members attend case presentations and evaluate the intern's attention to relevant data such as MSE, differential diagnosis and lethality risk assessment. In addition, the intern will be evaluated on the inclusion of information related to diversity/cultural factors, mood, psychotic and research (if relevant) when reaching their diagnostic impressions/formulation. The intern's case formulation and their responses to inquiry during the multidisciplinary participant discussion that follows are rated on by all Training Committee members in attendance. Evaluation forms are reviewed by the Training Director to determine and provide collective feedback.

3. **Assessment/Case Conceptualization Seminar**

The ***Assessment/Case Conceptualization Seminar (Tuesdays; 8:00-10:00)*** is a weekly seminar that consists of formal lectures and review of various assessment approaches within VA populations (e.g., structured clinical interviews, personality, SUD, forensic). The seminar will cover a broad variety of assessment related topics that range from basic issues in psychological assessment to specific psychological and cognitive tests, plus application to specific contexts and populations.

Through their participation in the Assessment Seminar, Interns will learn how to select, administer, and interpret a variety of screening, personality and cognitive measures prior to mid-year, as well as advanced techniques and approaches to case conceptualization with these assessments. By the end of the year, the seminar will focus on more nuanced population/assessment topics (e.g., trauma, forensic). Progression will be expected from use of screening instruments to use and interpretation of a combination of more in depth and complex measures. Interns will become familiar with variables that impact testing and test interpretation to include test limitations, cultural and population specific factors, and motivation.

This seminar will include assessment and diagnosis of common neuropathological syndromes/disorders, understanding of associated behavioral manifestation and functional neuroanatomy within the framework of multicultural and individual differences. Additional content for the seminar is determined via Gap Analysis conducted during the orientation period to address specific cohort competencies and interests, as well as the foundational knowledge base required for multiple roles of the contemporary psychologist working within a large, interdisciplinary VA medical facility.

a. Didactic Objectives:

- 1) Advanced skills in selection, administration, scoring and interpretation of various cognitive and psychological tests (e.g. MMPI-2, PAI, WAIS-IV).
- 2) Working knowledge of brain-behavior conceptual model and behavioral expression of brain dysfunction.
- 3) Increased understanding and evaluation of cognitive deficits secondary to psychological disorders or reduced effort/motivation.

b. Evaluation:

Evaluation of comprehensive cognitive and personality assessment and diagnostic/conceptualization skills will be conducted via Intern Case Presentations at the mid and end year point.

Nonclinical and/or Additional Elective Training Activities

4. Internship Mentorship (IM) Program

The Training Program encourages and values mentorship and pursuit of training opportunities beyond those offered within the clinical rotations. To that end, interns are allotted monthly protected time to pursue and meet with a designated mentor throughout the year. All interns are asked to choose an Internship Mentor (IM) during the first three months of the training year. Though a formal “project” or outcome is not required by the program, the intern is encouraged to view the mentorship opportunity as a way to pursue ancillary training goals that are individually tailored (i.e., based on an intern's level of interest, academic training and professional goals). Of note, the Internship Mentor serves as a non-evaluative staff mentor. Their primary role is to serve as a resource assisting in the intern’s acclimation to roles expected during the internship and to help them navigate their path towards early career psychologist.

Interns are allotted one hour of protected time a month for mentorship. At one end of the spectrum, interns can use the protected time simply to discuss and get guidance on specific career interests or other factors (e.g., related to experiences in balancing career and family; past academic or other career experiences). If so desired, mentors and interns may decide to use the opportunity to craft and work on a mutually decided training project throughout the training year. Examples of projects include:

- . Discussion and review of intern’s current dissertation/research project
- a. Collaboration on local or national research projects
- b. Local program evaluation studies
- c. Quality Management/Performance Improvement project

Note: If the mentor and intern decide to work on a substantial project throughout the training year, up to one hour of protected time per week may be allowed by the Training Program (per mutual agreement between mentor, intern, and TD).

Our pool of IMs consists of psychologists across the service who serve in supplemental roles to the Training Program (e.g., assist in internship selection, didactic presentation) and come from a wide background of cultural, training, and therapeutic backgrounds. Interns can select from available staff and prior to linking with a mentor, the scope/purpose/ and choice of mentor needs approval of the Director of Training.

5. Mental Health Grand Rounds/Medical Grand Rounds:

Though not mandatory, Interns are strongly encouraged to attend in Mental Health Grand Rounds and Medical Grand Rounds (when pertinent). MH Grand Rounds are held weekly and are designed for all mental health professionals. Presenters include staff psychiatrists,

psychologists, and residents. The topics vary throughout the year and are informed by relevant, peer reviewed research and cultural/client population considerations. Here are examples of recent topics:

Interns are strongly encouraged to attend Mental Health Grand Rounds and when pertinent, Medical Grand Rounds and Journal Club seminars offered in the main hospital. MH Grand Rounds are held weekly and is designed for all mental health professionals. Presenters include staff psychiatrists and psychologists, fellows and residents. The topics vary from year to year and are informed by relevant, peer reviewed research. Here are examples of recent topics:

Recovery Model in VA Settings	Accelerated Resolution Therapy
Veterans Affairs History	Shared Decision Making
Seizures: Psychiatric & Behavioral Aspects	Prescription Privileges for Psychologists
Pharmacotherapy for ETOH Relapse Prevention	Exposure Therapy for the Treatment of Panic Disorder
PTSD and the DSM-5	Attachment, Alliance and Change
Memory Acquisition and Fear Conditioning	Psychoeducational Groups: Best Practice Guidelines
“SPICE” The New Wave of Designer’s Drugs	EBPs and PTSD: Are All Patients Ready?
Gambling as an Addiction	Brain Fatigue Syndrome

6. VA Regional Training in Cognitive Processing Therapy (CPT) for PTSD

This is an elective training experience involving a 3-day Basic and Group CPT Workshop held on campus in November, followed by 6 months of weekly Post-Training Consultation calls. The target audience for this regional training program includes students and non-permanent hires (e.g., practicum students, psychology interns, postdoctoral fellows), as well as new staff. Once licensed, the attendee who successfully completed this workshop and post training consultation would be eligible for certification as a CPT Provider. Attendance on consultation calls typically begin within two weeks following the workshop training. During the consultation calls the intern is expected to actively discuss their current CPT cases. CPT cases are seen within the PTSD programs and are additionally supervised by a Licensed Psychologist who serves on the Training Committee. The intern is expected to attend a minimum of 80% of the consultation calls (i.e. 20 calls) and complete a minimum of 2 CPT cases or 1 group to fulfill this training requirement. The identified facility consultant has the authority to require participation in more than 6 months of post training consultation, depending on individual training needs.

Support Resources

Automated Psychological Testing Centers: In addition to the assessment services provided via the Centralized Testing Center, on-line administration and scoring of numerous self-report inventories and questionnaires is available to Staff Psychologists via the Mental Health package. The Mental Health Package gives Staff Psychologists access to a range of individual and group

psychological tests, allowing on-site administration to patients in various areas of the facility. Not only is computerized scoring of more than 40 tests available but this innovative system also allows computer terminals to be used for test administration. Test scores and, for some tests, interpretive data are available immediately.

Library Resources: The Medical Library collection consists of over 400 journal (print) subscriptions and approximately 5,000 books and audiovisual titles. Books and audiovisuals are available for a two-week checkout period with renewal options available. Print journals are for in-house use only but there is also an extensive online journal collection with many of them being full-text available and evidence-based. In addition there is onsite access to many of the leading medical, nursing, and psychiatric databases. These include (but not limited to) PubMed, MD Consult, First Consult, CINAHL, Psychiatry Online, PsychInfo, Health Business, and Cochrane. The Medical Library has established a section containing materials on empirically supported psychological treatments.

There are personal computers (with Internet access) available in the Medical Library. These PCs are equipped with Microsoft Office products and the Internet. Internet use is restricted to educational needs and job-related activities. The Medical Librarian provides assistance with computer-based literature searches and orientation sessions to the physical and online library resources. The Library offers assistance with reference requests, library instruction, and interlibrary loans. The interlibrary loans are limited to non-charging sources from across the United States unless approved by the Chief, Library Service. After-hours access to the Medical Library is restricted to individuals have an OVAMC identification badge.

Outside Professional Activities: Interns will not be allowed to participate in any other outside professional activities without first receiving permission. Clinical service to the public for a fee will not be allowed. Non-funded supervised clinical service of a training nature will be considered, as well as funded teaching or research positions on non-duty time. All other activities will be considered on an individual basis. In general, direct clinical service to the public in other than a training relationship will not be allowed.

TRAINING ENVIRONMENT



The Orlando VA Medical Center, one of the Top 100 Companies for working families, was officially established as a new VA facility in October of 2006. The Orlando VA healthcare system currently includes a 120-bed Community Living Center, a 60-bed Domiciliary, and VA's largest comprehensive outpatient clinic at the Orlando site, two large comprehensive, satellite outpatient clinics in Daytona Beach and Viera, four Community-Based Outpatient Clinics in Kissimmee, Leesburg, Clermont and Orange City, a new Polytrauma TBI program, and a new Primary Care annex to be activated in Lake Nona.

Orlando's new "Medical City" is under construction, shining an international spotlight on the area's growing life sciences/biotech sector. The VA has joined with others to create a new medical destination for research, education and patient care. With the recent opening of the University of Central Florida's new College of Medicine, the building of several prestigious medical research institutes, and the construction of the new Orlando VA Medical Center (forecasted opening in 2013) and a highly-specialized Children's Hospital (Nemours), Orlando is rapidly becoming a prime destination for healthcare professionals and patients seeking state-of-the-art care. Specific to mental health, the service will be a multi-storied section within the main hospital and will consist of residential rehabilitation, acute inpatient mental health services, and outpatient mental health services. Though the building will have a phased opening beginning in 2013, the completion of the project is anticipated for 2014.



The Orlando VAMC serves a diverse patient population, and the OVAMC's Mental Health Clinic demographic data is as follows: 73% Non-Hispanic Caucasian, 12% African-American, 7% Hispanic/Latino, and 2% Asian/Native Hawaiian/Pacific Islander (8% of patients indicated they do not know or do not wish to disclose their race during patient enrollment procedures). the OVAMC Mental Health Clinic tends to see significantly more men (91%) relative to women Veterans.

LIVING ENVIRONMENT

Orlando is recognized as a family-oriented area, with a warm, sunny climate, beautiful beaches, abundant housing options, no state income tax, and many local entertainment attractions/outdoor activities readily available. The Orlando VA system is affiliated with the University of Central Florida's new College of Medicine and with numerous other allied health programs in local community colleges. Working for the Department of Veterans Affairs offers a comprehensive benefits package that includes, in part, paid vacation, sick leave, holidays, life insurance, health benefits. For more information please visit http://www4.va.gov/jobs/job_benefits/benefits.asp. The Department of Veterans Affairs is an Equal Opportunity Employer.

Orlando is the county seat of Orange County, and the center of the Greater Orlando metropolitan area. According to the 2010 US Census, the city had a population of 238,300, making Orlando the 79th largest city in the United States. The Greater Orlando metropolitan area has a population of 2,134,411, making it the 26th largest metro area in the United States,

the sixth largest metro area in the Southeastern United States, and the third largest metro area in the state of Florida. Orlando is the fifth largest city in Florida, and the state's largest inland city.

Orlando is nicknamed "The City Beautiful" and its symbol is the fountain at Lake Eola. The city is also sometimes nicknamed "The Theme Park Capital of the World", as it is best known for the Walt Disney World Resort (located approximately 21 miles (34 km) southwest of Downtown Orlando in Lake Buena Vista), founded by the Walt Disney Company in 1971, the Universal Orlando Resort (which consists of two parks, Universal Studios Florida and Islands of Adventure, as well as other attractions, including City Walk), SeaWorld, Gatorland, and Wet 'n Wild Water Park. With the exception of Walt Disney World, most major attractions are located along International Drive. The city's famous attractions form the backbone of Orlando's tourism industry, making the city one of the most visited in America. The city is also one of the busiest American cities for conferences and conventions. Like other major cities in the Sun Belt, Orlando grew rapidly during the 1980s and well into the first decade of the 21st century. Orlando is also home to the University of Central Florida, which is the second-largest university campus in the United States in terms of enrollment (as of 2012).

Weather: Orlando's climate is transitional. There are two major seasons each year. One is hot and rainy, lasting from May until late September (roughly coinciding with the Atlantic hurricane season). The other is the dry, relatively cool season (late October through April) bringing less frequent rainfall, yet still with warm temperatures. Many characteristics of its climate are a result of its proximity to the Gulf Stream, which flows around the peninsula of Florida.

During the height of Orlando's humid summer season, high temperatures are typically in the lower to mid-90s. During these months, strong afternoon thunderstorms occur almost daily. During the cooler seasons, humidity is lower and temperatures are more moderate (i.e., 50s), and can fluctuate more readily. Royal palms and coconut palms, as well as other tropics, grow to maturity and fruit in our climate.

Schools: Orlando hosts several well-known colleges and university, including the University of Central Florida, Valencia College, and Rollins College among others. Several universities located in other cities have Orlando campuses as well (University of Florida Pharmacy, Florida Institute of Technology, Nova Southeastern University).

Arts and Culture: The music and film scene is a major component of the city's culture. Orlando is known as "Hollywood East" because of numerous movie studios in the area. Major motion picture production was active in the city during the mid-to-late 1990s, but has slowed in the past decade. Probably the most famous film-making moment in the city's history occurred with the implosion of Orlando's previous City Hall for the movie Lethal Weapon 3. Orlando is now a large production center for television shows, direct-to-video productions, and commercial production. In early 2011, filmmaker Marlon Campbell constructed A-Match Pictures and Angel

Media Studios; a multi-million dollar film and recording facility that has been added to the list of major studios in the city.

Until recently, Walt Disney Feature Animation operated a studio in Disney's Hollywood Studios at the Walt Disney World Resort. Feature Animation-Florida was primarily responsible for the films *Mulan*, *Lilo & Stitch*, and the early stages of *Brother Bear* and contributed on various other projects. Universal Studios Florida's Soundstage 21 is home to TNA Wrestling's flagship show *TNA Impact!*. Nickelodeon Studios, which through the 1990s produced hundreds of hours of GAK-filled game shows targeted at children[citation needed], no longer operates out of Universal Studios Florida. The Florida Film Festival which takes place in venues throughout the area is one of the most respected regional film festivals in the country and attracts budding filmmakers from around the world. Orlando is very popular among independent filmmakers. A Florida state film incentive has also helped increase the number of films being produced in Orlando and the rest of the state.

The Orlando Metropolitan Area is home to a substantial theater population. Several professional and semi-professional houses and many community theaters include the Central Florida Ballet, Orlando Ballet, Orlando Shakespeare Theater, Orlando Repertory Theatre, Mad Cow Theatre, and IceHouse Theatre in Mount Dora. Orlando Theatre Project, closed in 2009. Additionally, both University of Central Florida and Rollins College (Winter Park) are home to theater departments that attract an influx of young artists to the area.

The Orlando International Fringe Theater Festival, which draws touring companies from around the world, is hosted in various venues over Orlando's Loch Haven Park every spring. At the festival, there are also readings and fully staged productions of new and unknown plays by local artists. Also in the spring, there is The Harriett Lake Festival of New Plays, hosted by Orlando Shakespeare Theater. Founded in 2002, the Orlando Cabaret Festival showcases local, national, and internationally renowned cabaret artist to Mad Cow Theatre in Downtown Orlando each spring.

Beaches and Parks: Though Orlando has no beaches, it is within driving distance to several beaches, Florida State Parks, Historic Sites. These include Daytona Beach, [Caladesi Island State Park](#) recently named America's top beach destination by Dr. Beach and known to beachcombers as a shell-seeker's paradise; [Hillsborough River State Park](#) in Hillsborough County, where the river tumbles over outcroppings of Suwannee limestone, creating a series of rapids; and [Myakka River State Park](#) in Sarasota County, one of the state's largest parks, which hikers can venture through pine flatwoods, over marsh and swamp and across a dry prairie, Indian River, St. Petersburg and Clearwater Beach. Many of these are within 2 hours driving distance and worth the effort over the weekend to visit.

Travel: The Orlando International Airport (MCO) is Orlando's primary airport and currently the second busiest airport in the state of Florida closely behind Miami International Airport. The airport serves as a secondary hub and corporate headquarters for AirTran Airways and a focus

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hub city for Southwest Airlines, JetBlue Airways and Frontier Airlines. The airport serves as a major international gateway for the mid-Florida region with major foreign carriers including Lufthansa, British Airways, Air France, Virgin Atlantic, Aer Lingus, TAM, and Aeromexico. The Orlando Sanford International Airport (SFB) in nearby suburb of Sanford, Florida serves as a secondary airport for the region and is a focus city airport for Allegiant Air. The Orlando Executive Airport (ORL) near Downtown Orlando serves primarily executive jets, flight training schools, and general small-aircraft aviation.

Traffic: Orlando, like other major cities, experiences gridlock and traffic jams daily, especially when commuting from the northern suburbs in Seminole County south to downtown and from the eastern suburbs of Orange County to Downtown. Heavy traffic is also common in the tourist district south of downtown. Rush hours (peak traffic hours) are usually weekday mornings (after 7 am) and afternoons (after 4 pm). There are various traffic advisory resources available for commuters including downloading the Tele-Traffic App (available for iPhone and Android), dialing 5-1-1 (a free automated traffic advisory system provided by the Florida Department of Transportation, available by dialing 511), visiting the Florida 511 Web site, listening to traffic reports on major radio stations, and reading electronic traffic advisory displays (also called Variable-message signs, information is also provided by FDOT) on the major highways and roadways.



Application Process and Selection Procedures

Applicant Eligibility

Applicants for Internship must have advanced standing in a clinical or counseling psychology doctoral program approved by the American Psychological Association. All applicants must receive the written endorsement of their program Training Director as having completed all departmental requirements for Internship eligibility. This is expected to include all coursework and qualifying examinations with at least initial progress toward the dissertation/research project. Applicants should have a reasonable certainty of completing all requirements for the doctorate within one year following Internship.

Applications are encouraged from all geographical areas. The Orlando VA medical center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. These factors may be indicated on their application.

If selected, the Federal Government requires that male applicants to VA positions who were born after 12/31/59 sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns will complete a Certification of Citizenship in the United States prior to beginning the internship. We cannot consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff, they are subject to random selection as is all other clinical staff.

Application/Selection Procedures

Application Process: Third or fourth year graduate students in APA approved clinical or counseling doctoral psychology training programs who are interested in applying for an internship position in our program should follow the online Association of Psychology Postdoctoral and Internship Centers (APPIC) application instructions.

MANDATORY QUALIFICATIONS:

1. Have completed at least three years of graduate course work in an APA-accredited clinical or counseling psychology training program in good standing. Applicants from programs on probation will not be considered.
2. Have successfully defended the dissertation proposal.
3. Have completed a minimum of **900** hours assessment/intervention supervised clinical practica, with preference given to 650+ hours intervention and 250+ assessment hours. applicants to our program typically have minimum of 900 combined face to face intervention and assessment hours accrued at the time of application. Applicants with less than the minimum number of hours must indicate a plan to accrue the necessary hours for consideration
4. Must be a citizen of the United States.

The AAPI (APPIC Application for Psychology Internships) online application portal should be used by all interested students to apply to the Orlando VA Medical Center Psychology Pre-Doctoral Internship. All applications must be submitted online. News and information about the APPIC Online Application process, along with instructions about how to access the service, can be found at www.appic.org *, click on "AAPI ONLINE." There is a training video describing the basic functionality for the Applicant (Student) portal under "TRAINING RESOURCES."

When you enter the general APPI site, click on Directory Online, and then Search for Internship Programs. Orlando VAMC is listed under Florida. The Orlando VA Medical Center Program number is **2221**. Most of the information about our internship can be found on our APPIC page. However, if you find that you have more specific questions, you are encouraged to email the internship program TD directly for clarification. Your graduate program TD should be a useful resource in helping you navigating the AAPI applicant portal. When you enter the general site, scroll down and click on "The Applicant Portal of the 2016-2017 AAPI Online is now available."

Your online AAPI application package should also include: a Verification of Internship Eligibility and Readiness, completed by University Director of Training, current official graduate transcript(s), three letters of reference from faculty members or practicum supervisors who know you and your work well, cover letter and curriculum vitae.

Complete application packets must be received by us **by 11:59 PM Eastern Time Zone November 15th** of the current year for consideration for internship appointment beginning the following August. Individual interviews will be conducted by invitation only, following initial evaluation of application materials. Applicants invited for interviews will be notified by **December 18th**, and an interview date scheduled during the month of January. Interviews are typically conducted via video tele-conference or by phone, but onsite interviews may be arranged upon request.

Policies and procedures regarding internship offers and acceptance recommended by the APPIC and the Council of Directors of Clinical Training Programs will be followed for the appointment of interns. The internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant prior to Uniform Notification Day.

Selection Process

1. Applications are reviewed for completeness by the Training Director.
2. Completed applications are reviewed by two members of the Training Committee and the Training Director.
3. Each file is rated by the Committee members and the Training Director and an initial rank is generated to make recommendations to invite applicants for interviews.
4. Applicants that receive a "Do Not Rank" by any member of the file reviewers will not receive consideration for an interview.
5. A Training Committee meeting is convened by the Training Director to discuss the resulting recommendations and to discuss any candidate that has been flagged for further discussion.
6. Based off of the discussion from this meeting, the Training Director finalizes the list of applicants invited for interviews.
7. Letters and/or email are sent to all applicants notifying them of interview selection decisions.
8. Interviews are scheduled by the Training Director.
9. Each Internship candidate is interviewed individually by at minimum, three members of the Training Committee, in person, or by phone or video-teleconference. Candidates that received a larger statistical variation in file ratings may be scheduled with a larger number of interviewers in order to gain additional data prior to final rank.
10. Interns will also have the opportunity to meet with, or speak to the current Internship cohort upon request. Interns that meet a candidate will be asked to provide feedback to the Training Committee.
11. Once interviews are completed, scores are summated for each candidate and an overall applicant score is generated for each applicant. This score takes into account number of reviewers and weights the applicant's file (i.e., APPIC application) heavier than the interview.
12. Based on the applicants' total score a rank is generated.
13. The Training Committee meets to review ratings and rank applicants.
14. The Training Director submits the final list to APPIC for matching.
15. After the final match list is posted, successfully matched candidates are contacted by the Training Director.

Staff

Currently, the Orlando VAMC Psychology Staff includes over 50 doctoral level Clinical and Counseling Psychologists, 2 practica students and 6 Interns. The mission is to provide high quality psychological services to medical and psychiatric patients within the context of cooperative, multi-disciplinary teams.

Organizationally, Psychology is one section of Mental Health. The two primary disciplines in the service are psychology and psychiatry. Staff Psychologists are assigned to a variety of areas in the medical center and at our Community Based Outpatient Clinics. This diversity in assignment is augmented by diversity among our staff as well with a variety of theoretical orientations, past clinical and administrative experiences, multiple research/clinical specialties, and cultural backgrounds/ Staff psychologists participate in a number of profession-specific and System-wide committees that address issues relating to quality of patient care, efficient delivery of services and development of new programs. In addition, the staff is highly committed to the training of new professionals and is actively involved in the Internship training program. Psychology staff who contribute to our Training Program are listed below along with a brief biography:

Training Director

Jason C. Steward, Ph.D. is a staff psychologist in Specialty Mental Health and Director of Training in Psychology at the Orlando VAMC. He received his doctorate in Counseling Psychology in 2005 from the University of Minnesota-Twin Cities. Following his graduate training, he taught for several years at Argosy University-Tampa and served as their Director of Practicum Training and Curriculum Chair. In addition, he also served as an investigator on studies investigating cognitive vulnerability models of perceptions of control and PTSD in trauma survivors. He left Argosy in 2008 to assume a position at Bay Pines VAHCS in the Center of Sexual Trauma Services (CSTS). He has been at the Orlando VAMC since 2011 and, along with his Director role in the Psychology Training program, he continues to work clinically within the service. His expertise is in the treatment of trauma survivors within populations of sexual assault, combat, terrorism, maltreatment, and sudden bereavement. He also maintains an active research program and is an investigator on a number of ongoing studies on perceived control coping in PTSD populations. He is licensed in Hawaii.

Supervisory Staff

Rotation Supervisors

Jason Steward, Ph.D. - Kissimmee/Telemental Health Rotation Primary Supervisor

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Judith Legault, Ph.D.—Clermont (CBOC) Rotation Supervisor

Christopher Blagg, Ph.D. – Primary Care Mental Health Integration Rotation Supervisor (Lake Nona)

Justin Koenitzer, Psy.D. - Primary Care Mental Health Integration Rotation Supervisor (Lake Baldwin)

Gabriella Ott, Ph.D., - Kissimmee/Telemental Health Rotation Co-Supervisor

Ashley Arens, Ph.D.—Specialty Mental Health Rotation Supervisor (Lake Baldwin/Crossroads)

Diana Mendez, Ph.D. - Specialty Mental Health Rotation Primary Supervisor (Lake Nona)

David Yutzenka Ph.D. - Specialty Mental Health Rotation Co-Supervisor (Lake Nona)

Janice Herron, Ph.D.— Neuropsychology Rotation Supervisor

Michael Lind, Ph.D.—PRRC Rotation Supervisor

Pamela Brown, Ph.D.—Substance Use Disorder/Intensive Outpatient Program Rotation Supervisor

Bryan Batien, Ph.D.— Group Supervisor

Ashley Arens, Ph.D., is a clinical psychologist in the Orlando VAMC's outpatient Behavioral Health Interdisciplinary (BHIP) program. She conducts diagnostic assessments and provides evidence-based interventions, including cognitive-behavioral therapy, prolonged exposure therapy, and cognitive processing therapy. She completed predoctoral internship at Alexian Brothers Behavioral Health Hospital in Hoffman Estates, Illinois and received her Ph.D. in clinical psychology from the University of South Dakota in 2012. She completed postdoctoral training within the University of Central Florida's Department of Defense-funded clinical research program "Trauma Management Therapy for OIF/OEF Veterans with PTSD." Her primary clinical and research interests focus on trauma (including childhood, sexual, and combat trauma), emotional dysregulation, and risky/maladaptive behaviors (including non-suicidal self-harm, substance use, and eating disorders). Dr. Arens has published research in peer-reviewed journals and presented at national conferences. She is licensed in Florida. Personal interests include long-distance running, traveling, cooking, going to the beach, and attending concerts.

Nikki Panasci Armstrong, PhD is a staff psychologist on the Inpatient Mental Health team at the Orlando VAMC. Dr. Armstrong earned her doctorate in clinical psychology, with a dual-specialty in Severe Mental Illness (SMI)/Psychosocial Rehabilitation (PSR), from the University of Hawai'i in 2009. She completed a pre-doctoral psychology internship at the VA Greater Los Angeles Healthcare System and a post-doctoral residency in *PSR and Recovery-Oriented Services for Veterans with SMI* at the VA San Diego Healthcare System. Following residency, Dr. Armstrong worked as a health services researcher for two years with the VA Desert Pacific MIRECC/VA HSR&D Center of Excellence for the Study of Healthcare Provider Behavior in Los Angeles, CA. Her research activities focused on increasing the implementation, utilization, and impact of recovery-oriented, evidence-based services for veterans with SMI. Dr. Armstrong transferred to the Orlando VAMC from the San Francisco VA Healthcare System in January 2015 and has worked in the Outpatient Mental Health Clinic while assisting with Inpatient Mental Health program development. While at the San Francisco VA, she served as the primary and delegated supervisor for several SFVA/University of California, San Francisco post-doctoral residents. Dr. Armstrong's clinical and research expertise is in the assessment and evidence-based treatment of psychotic disorders, the recovery model of care, and system-level implementation, utilization, and evaluation of mental health services. She is also certified by the U.S. Army Medical Command in primary care-behavioral health consultation and is trained in evidence-based psychotherapies for a variety of mental health issues, including depression, anxiety, PTSD, and bipolar disorder. She is licensed in California and Hawai'i.

Christopher Blagg, Ph.D., earned his doctorate in Clinical Psychology from Florida State University in 2012, where his research focused on measuring motivation to change, the relationship between smoking and anxiety, and the effectiveness of placebos in alcohol experiments. He completed his pre-doctoral internship at the Federal Correctional Institution in Tallahassee, FL and his post-doctoral training at Southwestern State Hospital in Thomasville, Georgia. Dr. Blagg currently works at the Orlando VAMC in Primary Care-Mental Health Integration, as part of a multi-disciplinary primary care team providing collaborative care. This includes conducting initial brief functional assessments, providing time-limited therapy, completing cognitive screenings, and facilitating shared medical appointments.

Pamela C. Brown, Ph.D., earned her doctorate in Clinical Psychology from the University of Central Florida in 2010. She completed her pre-doctoral internship at the VA Connecticut Healthcare System, West Haven campus and a 2-year NRSA T32 fellowship in Addictions at the Center for Addictions Research, University of Arkansas for Medical Sciences. She is licensed in Arkansas. Her primary clinical interests are substance use disorders, co-occurring disorders, PTSD, and the recovery approach. As the psychologist assigned to Specialty Mental Health, Platinum team and Intensive Outpatient Program for Substance Use Disorders, Dr. Brown provides diagnostic assessment and empirically-supported interventions for veterans with Substance Use Disorders and various other mental health issues (i.e., Post-Traumatic Stress Disorder, Major Depressive Disorder, Bipolar Disorder, etc.). Her research interests include treatment outcome research and the use of technology for the prevention and treatment of substance use disorders.

Milagros Evardone, Ph.D., earned her doctorate in Clinical Psychology from Texas A&M University in 2009. She completed her pre-doctoral internship at the Medical College of Georgia/Charlie Norwood VAMC Consortium in Augusta, Georgia, with a specialty in the Psychology of Women. She then completed a post-doctoral fellowship in Rehabilitation Psychology at the James A. Haley VA Hospital in Tampa, Florida. Dr. Evardone served as a staff psychologist in the Spinal Cord Injury Unit at the Tampa VA for 3 years prior to transferring to the Orlando VA in January 2014. She is an active member of APA, Division 22, and serves on various committees of the Academy of Spinal Cord Injury Professionals, including the Early Career and Trainee Committee. She is certified in Motivational Interviewing and Cognitive Processing Therapy. Her clinical and research interests include adjustment to disability, rehabilitation, and women's issues.

Janice Herron, Ph.D., is a Clinical Neuropsychologist at the Orlando VAMC. She earned her Ph.D. in the APA-accredited Human Services Psychology Program at the University of Maryland Baltimore County in 1999, completing both Clinical Psychology and Behavioral Medicine tracks. Pre-doctoral psychology internship training was completed in the Neuropsychology track of the Medical University of South Carolina/Charleston VA Consortium, followed by completion of a National Institute on Drug Abuse (NIDA) Research Fellowship at MUSC. She has earned VA certification in Prolonged Exposure therapy for PTSD and maintains interest in clinical care of veterans with mild TBI and PTSD. Prior to joining the Orlando VAMC in 2012, Dr. Herron worked as a Clinical Neuropsychologist at the Martinsburg VAMC, in private practice, and has been involved in teaching undergraduate and graduate students. Dr. Herron is actively involved with the Psychology Internship Training Committee with a focus on assessment activities. Other professional interests involve neuropsychological variables impacting coping and recovery following neurological events.

Judith F. Legault, Ph.D., Ed.D., is a Clinical Psychologist in Primary Care Mental Health Integration on the Red Team. She earned her Ph.D. in Clinical Psychology at Fielding Graduate University and completed her pre-doctoral internship at the WJB Dorn VA in Columbia, SC. She also holds an Educational Doctoral Degree with an Emphasis on the Integration of Technology in Education and Training from Nova Southeastern University. Her areas of interest are health psychology, positive psychology and emotional wellness. Currently, Dr. Legault facilitates the Behavioral Activation Group for Depression and Anxiety. Frequently used modalities of therapy include values based behavioral activation, cognitive behavioral interventions for depression, chronic pain, insomnia and anxiety, and mindfulness practices. Personal past-times include tennis, reading, and traveling.

Michael Lind, Ph.D., earned his doctorate in Counseling Psychology from the University of Kansas in 2000. He was awarded a Fulbright Fellowship, which he fulfilled at the University of British Columbia in Vancouver, Canada. He completed his doctoral internship at the Salt Lake City VAMC and has been licensed in Utah since 2001. Over the past 25 years, he has worked with veterans, teens, adults and the geriatric population providing assessment, individual psychotherapy, and group therapy. He has been involved in VA program development and implementation in a variety of settings, including the Domiciliary, Compensation & Pension, and Primary Care Mental Health Integration. He is currently a staff psychologist in the Orlando VA Psychosocial Rehabilitation and Recovery Center (PRRC) working with veterans who have been diagnosed with serious mental illness. He grew up in South Jersey, right across the Delaware River from Philadelphia, and is a rabid fan of all Philadelphia sports teams. Additionally, he is a life-long distance runner and enjoys rock-n'-roll music and travel.

Diana M. Mendez, Ph.D., is a Clinical Psychologist in Specialty Mental Health/ Behavioral Health Interdisciplinary Program (BHIP) at the Orlando VAMC at our Lake Nona facility. She received her doctorate in Clinical Psychology in 2012 from the University of Detroit Mercy. Following her graduate training, she completed a post-doctoral fellowship in Clinical Health Psychology through the University of Miami Miller School of Medicine. Upon completion of such training, she worked as an Attending Psychologist at University of Miami Miller School of Medicine and Jackson Memorial Hospital, providing clinical care and supervising psychology fellows, interns, and practicum students in Health Psychology/Special Immunology Rotations. Most of Dr. Mendez' clinical experiences have been with diverse ethnic minority populations with individuals exposed to various types of traumas. In addition, she also served as an investigator on studies looking at cultural factors that impact clinical presentation and manifestation of psychopathology (e.g., depression, PTSD) and delivery of effective treatments. She joined the Orlando VAMC in 2014, where she provides outpatient evidence based treatments to veterans

presenting with various combat and non-combat related conditions. She is licensed in the state of Florida.

Gabriela F. Ott, Psy.D., earned her doctorate in Clinical Psychology from the Georgia School of Professional Psychology in Atlanta, Georgia, in 2004. As a commissioned officer in the United States Navy, she completed her pre-doctoral internship at the Naval Medical Center Portsmouth, Virginia. She completed her post-doctoral residency on active duty at the Naval Hospital Pensacola, Florida. After four years conducting Compensation and Pension Examinations as a fee-basis contractor, Dr. Ott joined the Orlando VAMC staff as a fulltime employee in 2013. She provides 100% of her clinical services via Clinical Video Technology and manages all consults and referrals to the Tele Mental Health (TMH) Service to four area CBOCs. She serves as the mental health representative to the Orlando VAMC Telehealth Advisory Committee, and has participated in VISN-wide work groups for the advancement of Tele Mental Health services. She also serves as the mental health representative Caregiver Support Program Appeals Committee. Dr. Ott is certified in Cognitive Processing Therapy (CPT) for PTSD and facilitates group therapy for Motivational Enhancement for PTSD treatment as well as Coping with Medical Illnesses. Given her past geriatric experience in the private sector, Dr. Ott has also provided clinical coverage at the Orlando VAMC CLC. As a member of the American Society for Reproductive Medicine, Dr. Ott has extensive experience in the evaluation and treatment of individuals struggling with infertility, and with the opening of the new hospital, hopes to bring that experience to our Veterans struggling with the challenges of infertility. Part of the Orlando VAMC training committee since joining the staff in 2013, Dr. Ott has created and supervised the Tele Mental Health rotation, led didactics, served as an intern mentor, and participated in intern selection.

David A. Yutzenka, Psy.D., is a staff psychologist in Specialty Mental Health at the Orlando VAMC. He received his doctorate in Clinical Psychology in 2013 from Wright Statue University in Dayton, OH. He has worked at the Orlando VAMC since his graduation from 2013. He attained his license for clinical practice of psychology in January of 2015. Throughout his career at the Orlando VAMC, he has been trained and certified to provide Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for PTSD. He provides a wide range of individual treatment options but has focused much of his clinical time on treatment of PTSD, insomnia, and Chronic Pain. In addition to his clinical work, he is currently serving as Team Organizer for BHIP team A and he is an active member of the training committee, previously providing clinical supervision for practicum level psychology students and presently providing clinical supervision for psychology interns.

Didactic Instructors, Available Mentors, and other Pre-doctoral Internship Training Staff

Marycely Alessi, Ph.D. is currently the Post Deployment Psychologist at the Orlando VAMC. As a graduate of the Department of Counseling and Counseling Psychology at Auburn University in 2000, Dr. Alessi has also completed a psychology internship from the Augusta VA/Medical College of Georgia Consortium and a post-doctoral fellowship from the Medical College of Georgia in Family Therapy in December 2001. Prior to returning to the Orlando VAMC in 2008, Dr. Alessi worked with children and adolescents in a private setting in a military community in Georgia. Subsequently, Dr. Alessi returned to her home state of Florida to work at the Orlando VAMC to concentrate her professional efforts and interests in working with veterans and their families on topics related to resiliency and readjustment following deployment, and, specifically, empirically-based trauma work for PTSD. Dr. Alessi is presently certified in both Cognitive Processing Therapy as well as Prolonged Exposure therapy for PTSD, and continues to remain active in the Orlando community with outreach events, presentations, and seminars geared towards the OEF/OIF/OND population of veterans seeking mental health services following their deployments to Iraq and/or Afghanistan. Dr. Alessi's personal interests involve traveling, photography, swimming, cycling, cooking, watching her daughter play soccer, and truly enjoying friends and family in the warm Florida sun.

Margaret Arnott, Ph.D., earned her degree in Psychology in 2000 from The Ohio State University while it was ranked one of the top Counseling Psychology programs in the nation. She is currently the Primary Care Mental Health Integration Program Manager and Psychology Supervisor (for staff in this program) at the Orlando VAMC. She completed her internship at the Dayton VAMC and was hired as part of the newly formed PTSD Clinical Team. While in Dayton she was the co-director of training and supervised interns on the PTSD rotation. She transferred to the Columbus VA, where she led the PTSD team and was selected as the Evidence-Based Psychotherapy Coordinator and the Practicum Student Training Coordinator. She also served as the VISN 10 PTSD Co- Mentor and was selected as the Psychology Supervisor. She is certified through the VA EBP rollouts in both Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and is certified in EMDR I. She has spoken at a numerous conferences and presented a poster and presentation on an educational program she co-developed, PTSD University, at the VA MH Conference on Best Practices in Portland 2006. Her clinical and outcome research interests include PTSD treatment, hope instillation for treatment engagement and self-efficacy.

Bryan Batien, Ph.D. is the VITAL (Veterans Integration to Academic Leadership) Coordinator for the Orlando VAMC. He received his Ph.D. from the University of South Dakota and completed his internship at the Cincinnati VAMC. His professional interests include readjustment issues of

OEF/OIF veterans, veterans' mental health issues and their impact on higher education, and outreach to veterans in the community. Dr. Batien also served eight years in the Army and Army National Guard, which included a 14-month deployment to Iraq in 2003-2004. He enjoys living in a place where it does not snow!

Luis E. Bedregal, Ph.D., earned his doctorate in Clinical Psychology from Nova Southeastern University in 2002. He completed his pre-doctoral internship and post-doctoral training at Yale University. He is licensed in Connecticut. His primary clinical interests are substance abuse, chronic mental illness, Latino mental health, and the recovery approach. As the psychologist assigned to the Mental Health Intensive Case Management (MHICM) Program, Dr. Bedregal provides psychological and case management services to veterans with diagnoses that include Bipolar Disorder, Schizophrenia Spectrum Disorders, PTSD, and Major Depressive Disorder. His research interests include psychometrics and program evaluations.

Lee A. Bridgewater, Ph.D., is currently a Psychologist with the Orlando VAMC Mental Health Clinic. He received a B.A. in Psychology from Indiana University in 1977 and a Ph.D. in Counseling Psychology from Indiana State University in 1991. He has been licensed in the State of Louisiana since 1992. He served in the USAF, USAF Reserve and Indiana Air National Guard from 1976 through 1992 in a range of capacities, including: Aeromedical Specialist (medic), fighter pilot (F-4, Phantom II) and psychologist. He began his work in the VA Health Care system at Overton Brooks VAMC in 1991 where he served as a Staff Psychologist and developed health psychology programs for veterans diagnosed with diabetes mellitus, cancer and cardiovascular disease. He began work with the North Florida/South Georgia VAMC (Gainesville) in 1994 where he served as the Team Leader for the PTSD Clinical Team (PCT) and as an external consultant to the Jacksonville, FL Vet Center. In his capacity as the PCT Team Leader, he designed, wrote the treatment protocols/manuals for, and implemented a comprehensive Cognitive Behavioral treatment program for veterans experiencing symptoms of PTSD. He began his work in Orlando VAMC in 2007 on the PTSD treatment team and is currently assigned as a Staff Psychologist on Platinum Team 1 as well as a Telemental Health provider to the Leesburg Community Based Outpatient Clinic. During his career as a psychologist with the VA Health Care system he served 3 years as a Co-Chairman of the VISN 8 PTSD Committee, participated in research in PTSD and co-morbid pain in Operation Desert Storm veterans, volunteered with the American Red Cross in Disaster Response and has spoken or made poster presentations at numerous conferences at the local, regional and national level on topics related to posttraumatic stress and its comorbidities. His clinical interests include program development, writing and teaching in the area of posttraumatic stress. He lives in Daytona Beach, Florida and enjoys the beach, bicycling, hiking, reading, theme parks and movie-going.

Teri Carper, Ph.D., is a Staff Psychologist at the Orlando VAMC specializing in EBT for PTSD via Telehealth. She completed her undergraduate work at Boston University and earned her Ph.D. in 2010 from the University of Central Florida (UCF). Dr. Carper completed her Pre-doctoral internship at Boston Consortium for Clinical Psychology and her post-doctoral fellowship at the National Center for PTSD at Boston VA, where she also held the positions of Clinical Fellow in Psychiatry at Harvard Medical School and Teaching Fellow in Psychiatry at Boston University School of Medicine. Dr. Carper's clinical and research interests center around trauma trajectories and resiliency factors, and she is currently a co-Investigator on a UCF grant examining novel methods of promoting resilience in currently deployed Marines. In addition to her clinical responsibilities, Dr. Carper also serves as Chair of the Mental Health Performance Improvement Committee, is a certified LEAN/Six Sigma consultant for the Mental Health Service, and is the Program Administrator for APA Continuing Education events at the Orlando VAMC. Dr. Carper's personal interests include animal rescue, distance running, skiing, spending time with family and friends, and most importantly, raising her daughter and son.

Louis Damis, Ph.D., ABPP, is a Clinical Health Psychologist in the Chronic Pain Management Clinic at the Orlando VAMC. He obtained his Ph.D. in Clinical Psychology from Washington State University with a subspecialty in medical psychology. He completed an APA accredited internship at the Salt Lake City VAMC and a post-doctoral residency in clinical and forensic psychology at Utah State Prison. Dr. Damis is a Diplomate with the American Board of Professional Psychology, a Fellow of both the American Academy of Clinical Health Psychology & the Biofeedback Certification International Alliance, and holds ASCH Certification in Clinical Hypnosis with Consultant Status. Dr. Damis teaches regularly for the American Society of Clinical Hypnosis and has also conducted research and written on the topics of trauma, persistent pain, neuropsychological functioning in medically ill individuals, aging, and psychotherapy process. Current professional interests include the influence of trauma on persistent pain and medical disorders. Personal interests include parenting, music, meditation, nutrition, and exercise.

Terence Griffith, Ph.D., is the Supervisory Psychologist for Psychosocial Rehabilitation and Peer Support Services at the Orlando VAMC. Earning a degree in Counseling Psychology from Florida State University in 2001, Dr. Griffith completed a psychology internship at the James A. Haley VAMC in Tampa, Florida. Following internship, Dr. Griffith was hired as a staff member at the James Haley VA in Tampa and worked in the following areas: Spinal Cord Injury/Disorder Rehabilitation Center, Radiation Therapy/Oncology Services, Mental Health Intensive Care Management (MHICM), and as a provider within three Community Based Outpatient Clinics (CBOCs). Upon transfer to the Orlando VA in 2006, Dr. Griffith has worked in the Domiciliary Residential Program, initiated the co-located and collaborative integration of Mental Health

services within the Primary Care Clinics, and served as the inaugural Chairperson of the Orlando Psychology Professional Standards Board. During this period of time, he also served as the VISN 8 Senior Mediator and National Trainer with the Alternative Dispute Resolution (ADR) Program for EEO and workplace disputes. Currently, Dr. Griffith serves as the Program Manager for the Orlando Psychosocial Rehabilitation and Recovery Center (PRRC) and coordinates Peer Support Services for all sites within the Orlando system.

Tracy L. Hunter, Psy.D., is a staff psychologist in Specialty Mental Health at the Orlando VAMC. In 2006, she joined the US Air Force as a Captain and completed internship and post-doctoral training during her military service. During this time she was a full time clinician in addition to being the program manager for the Mental Health Clinic and developed skills in the specialty areas of security clearance and job suitability examinations; consultation to commanders; crisis response; psychological assessment for medical procedures and primary care psychology. She separated from the Air Force in 2010 and began work as a contractor with active duty Air Force members at RAF Lakenheath, England. Following this, she assumed a position at the Orlando VAMC in 2012 in the Compensation and Pension Clinic. Her expertise is in clinical and forensic evaluations, military psychology and her primary theoretical framework is CBT. She recently served as the primary investigator for a clinical research trial studying the effect of Tai Chi on mental health in the veteran population. She is licensed in Florida.

Valerie Masten, Ph.D., received her degree in Human Services Psychology from the University of Maryland Baltimore County in 1990, having completed tracks in Behavioral Medicine and Clinical Psychology. She is a Clinical Neuropsychologist and has worked in a variety of settings, including a Level I trauma center, neurology practice, nursing homes, psychiatric hospital, jail, community medical centers, and continues in independent practice providing medicolegal assessment. She has published and presented in neurotoxic exposure, cognitive rehabilitation, professional practice issues, and cultural and diversity variables in neuropsychological assessment. She is an Associate Professor at the University of Florida College of Medicine, and teaches a section on Neuropsychological Assessment. She teaches at the University of Central Florida as an Associate Professor in the Neurosciences doctoral program. She serves on several committees for APA and the National Academy of Neuropsychology. She is the former training director of the Orlando VA and current Medical Psychology supervisor.

Jeannine M. Kubiak, Ph.D., earned her doctorate in Clinical Psychology from the University of Nebraska-Lincoln in 1998. She completed her pre-doctoral internship at the Milwaukee VAMC. She is licensed in Florida. Dr. Kubiak is the Supervisory Psychologist for Platinum Mental Health at the Orlando VAMC. Her primary clinical interests are treatment of mood disorders and severe and persistent mental illness. Her clinical orientation is primarily cognitive-

behavioral. She is certified in Interpersonal Psychotherapy for Depression, Seeking Safety, and Prolonged Exposure therapy. Dr. Kubiak is a certified supervisor for Prolonged Exposure therapy. She is a 2009 graduate of the Competency Development of Leaders for the 21st Century. Dr. Kubiak is chair of the Psychology Professional Standards Board and the facility's Telehealth Advisory Council. She also holds leadership and member roles in multiple facility-wide and mental health committees and workgroups.

Monica Monahan, Psy.D., is a Clinical Psychologist at the Orlando VAMC and holds a license in the State of Florida. She earned her doctorate degree at Nova Southeastern University in 2010 and completed an APA-accredited internship at the Little Rock AR VAMC. She also received a Master's degree in Mental Health Counseling from Nova Southeastern University in 2004 and a Bachelor's Degree in Business Administration at Pace University in New York in 1997. Prior to her internship, Monica worked at the Advanced Recovery Center in Delray Beach, a long term residential program for substance abuse with a specialty in trauma and eating disorders. She also previously worked at the Renfrew Center, a residential program for the treatment of eating disorders often co-morbid with trauma and substance abuse. She currently works in Primary Care Mental Health Integration offering brief assessments and psychotherapy to veterans, consultations to the PC physicians, and runs a Mood Management Group. Frequently used modalities include Cognitive Behavioral Therapy and Motivational Interviewing. Personal interests include spending time with family, reading, spirituality, and using Wii Fit.

Mary Beth Shea, Ph.D., earned her doctorate in Clinical and Community Psychology from the University of South Carolina in 1990. She completed her pre-doctoral internship at the Bay Pines VAMC in St. Petersburg, FL and has been with VA throughout her career. She has worked at the WJB Dorn VAMC in Columbia, SC as a medical and geriatric psychologist, the Columbia SC Vet Center as the MST Coordinator, and is now at the Orlando VA as the Local Recovery Coordinator and VITAL Program Manager. Until her current VA position, Dr. Shea also maintained a private practice in adolescent, adult, and geriatric psychology. She is a Cognitive Processing Therapy (CPT) trainer and Prolonged Exposure (PE) therapy Supervisor and is the chair of the Orlando VA IRB. She is a member of the National Emergency Medical Response Team and the American Red Cross Disaster Mental Health team. She is the current Treasurer for the Association of VA Psychology Leaders and the president of the Florida Chapter of the Psychiatric Rehabilitation Association. Her clinical and research interests are primarily in the area of sexual coercion, sexual assault, and PTSD.

Steve Shea, Ph.D., is the Chief of Psychology at the Orlando VAMC and an Assistant Professor of Medical Education, University of Central Florida School of Medicine. He received his Doctorate in Clinical and Community Psychology from the University of South Carolina and did his

undergraduate education at Rutgers University. Dr. Shea has been working in the behavioral health field since 1979. Areas of professional interest include psychosocial rehabilitation of persons with serious mental illnesses, education of trainees in all mental health professions, mental health administration, criminal forensic psychology and educating the legal system about mental health issues. He is married to another VA psychologist and the Sheas have a daughter and 2 granddaughters (photos available upon request). Outside interests include outdoor activities (hiking, travel, boating, & fishing), motorcycles (photos available upon request), old cars and photography.

Deborah Tallungan, Ph.D., is a licensed Clinical Psychologist with specialization in Health Psychology. She is a member of the Motivational Interviewing Network of Trainers. She co-facilitates the Health Promotion and Disease Prevention Program. One of her main foci is training Orlando VA clinical staff in Motivational Interviewing. Dr. Tallungan was trained at Fuller's Graduate School of Psychology in Pasadena, California. She completed her internship and post-doctoral fellowship at the Loma Linda VA in southern California. She has worked for 2 years at the Orlando VA where she focuses on treating sleep disorders, diabetes, hypertension, high-cholesterol, obesity, headaches, and other disorders related to dysregulation of the autonomic nervous system.

For further information about our program, please contact the Training Director by email:

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THANK YOU FOR YOUR INTEREST!